ORGANIZATION
OPERATIONS
AND
POLICY GUIDE

IMPORTANT TELEPHONE NUMBERS

AMBULANCE   3-3333

FIRE   3-3333

HAZARDOUS SPILL   3-1135
   After working hours   3-3333

MEDICAL EMERGENCY Response
   Intercom 55 (pause for tone) 21
   Announce and repeat twice:"**Medical
   Emergency" and state location**

OFFICER OF THE DAY (Pager) 410-315-0050

SAFETY   3-1143

SECURITY   3-1185
   Contact CMAA at work or Recall Number
   After working hours   3-3333

TROUBLE DESK   3-2174
   After working hours   3-3598

KEY COMMAND MEMBERS

_____
Commanding Officer
_____
Executive Officer
_____
Director
_____
Department Head
_____
Division Officer
_____
Leading Petty Officer
_____
Command Safety Officer
_____
Command Infection Control Officer
_____
Performance Improvement Coordinator
_____
Risk Manager
_____
Dept Customer Relations Representative

ASSIGNMENTS WATCH, COLLATERAL DUTY, and COMMITTEE ASSIGNMENTS

Department Duties: _____
Collateral Duty Assignment(s): _____
Watch Assignment(s): _____
Committee Membership: _____

EMERGENCY RESPONSE EQUIPMENT
Location of nearest Emergency Equipment:
_____

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[Recommendations for additions/changes to this booklet should be directed to

the PI Coordinator, ext 3-4378]

INTRODUCTION

This booklet is your personal guidebook to the Naval Medical Clinic, Annapolis (NMCL) Performance Improvement (PI) Program and its components. All the information in this booklet applies to EVERY member of this command.

KEEP THIS BOOKLET - STUDY IT - USE IT DURING DIVISION/DE-PARTMENT MEETINGS AND REVIEW SESSIONS
IT WILL BENEFIT YOU AND OUR PATIENTS!

GENERAL INSTRUCTIONS

1. Know and understand your duties and responsi-
bilities within the clinic and within your department.

2. Communicate your concerns and ideas using the
chain of command. If you haven't received feedback
from the leaders in your department within 14 days,
ask!

3. Take pride in your appearance.

4. Always be courteous and helpful to patients and
fellow health care providers.

5. Always address patients and fellow staff members
by proper military title and render military courtesies.

COMMANDING OFFICER'S COMMENTS

In March of 1999, Naval Medical Clinic, Annapolis (NMCL) received Accreditation with Commendation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - the highest level of achievement possible. This outstanding level of achievement reflects the successful efforts of each one of you to provide high quality care for those we serve.

Providing high quality care is challenging – it means that treatment is appropriate and accomplishes the desired outcome, available when needed and delivered in a timely fashion. Equally important, care must be provided in a respectful and caring manner. It must also be effective, safe, efficient and well coordinated among providers and settings.

The level of performance of our organization depends on what we do and how well we do it. To improve our performance we use a cyclical process to measure, assess, improve and redesign or design our processes.   The Navy Total Quality Leadership program adapted the FOCUS-PDCA approach to Performance Improvement (PI) and this is the approach we use.

Good organizational performance depends on

- ♦Attitude
- ♦Preparation
- ♦<u>Your</u> knowledge of the Command's PI program
- ♦<u>Your</u> knowledge of your job and the operation of the equipment you use
- ♦ <u>Your</u> presence of mind - knowing what to do in an emergency
- ♦Treating every patient and each other with respect
- ♦The appearance of <u>your</u> work space
- ♦ Pride in <u>yourself</u> and what <u>you</u> do

This guidebook has been developed to provide you with information on several components of the NMCL Performance Improvement (PI) Program. Use it as a training tool and ready reference.

The pride you display everyday is obvious to everyone who walks through our doors. Together we demonstrate that ours is one of the finest Patient Care Organizations around!

J. E. SHORE
CAPT, MSC, USN

PROVIDING QUALITY CARE

Quality is the right and ethical thing. We are in the business of caring. Anything less than a demonstrated commitment to high-quality performance by ourselves and our organization is a disservice to all of our customers – particularly to the patients who place themselves in our hands.

Using the strategic goals and the organizational Performance Improvement (PI) plan as a focus, our clinic strives to continuously improve patient care using the guiding standards of the Joint Commission on Accreditation for Healthcare Organizations and the principles of continuous quality improvement.

The degree to which this is accomplished, determines the clinic's level of performance. Performance is an expansion of the old concept of Quality Assurance, which primarily considered the appropriateness and efficacy of patient care. Performance expands QA to PI by including *timeliness, effectiveness, continuity, safety, efficiency, respectfulness and caring of the patient,* in addition to *appropriateness and efficacy*. These are the dimensions of performance by which we assess how well we provide patient care and related services.

The Performance Improvement office is responsible for managing the overall Performance Improvement Plan for the command through education, consultation and technical support. The Performance Improvement Coordinator can be reached at 3-4378.

Guidelines: NMCLANNAINST 6320.1, Performance Improvement Program

MISSION

Promote optimal health of the Brigade of Midshipmen, Active Duty forces, and all others entrusted to our care.

VISION

A fit, healthy community who are confident in the quality of their healthcare and their relationship with us, receiving care at the right time, the right place and with the right provider, specifically resulting in Midshipmen physically qualified for commissioning in the unrestricted line and active duty forces medically ready to deploy.
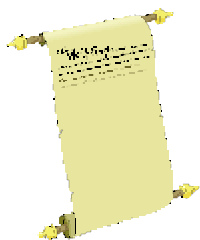
GUIDING PRINCIPLES

The following Guiding Principles outline behaviors, attitudes and actions that we embrace as a high performance organization in a managed care environment.

WE VALUE:

- Respectful interpersonal interactions regardless of rank or position
- Navy Core Values (Honor, Courage, Commitment)
- Honesty
- Thoughtfulness/Caring
- Trustworthiness
- Fairness
- Personal Integrity
- Loyalty
- Consistency
- Openness to new ideas

WE DEMONSTRATE COMMITMENT TO OUR CUSTOMERS BY:

- Valuing our patients as individuals
- Considering our patients's physical, mental, social & spiritual needs
- Utilizing optimization principles to provide efficient and effective health care
- Exceeding our patient's expectations
- Providing comparable care to all patients regardless of status
- Ensuring accessibility to appropriate health care
- Providing considerate, thoughtful service

GUIDING PRINCIPLES

WE DEMONSTRATE COMMITMENT TO OUR STAFF BY:

- ♦ Valuing the individual as a professional capable of contributing to the mission
- ♦ Creating a command reputation where others want to serve
- ♦ Dedicating time and resources to quality of life issues
- ♦ Communicating clear performance expectations
- ♦ Providing personal and professional development opportunities

WE DEMONSTRATE COMMITMENT TO OUR ORGANIZATION BY:

- ♦ Providing meaningful work experiences
- ♦ Insuring professional excellence
- ♦ Valuing teamwork
- ♦ Holding process owners accountable
- ♦ Taking pride in command performance

STRATEGIC GOALS

HEALTH SERVICES

We will foster personal wellness and provide optimal medical intervention by a team of quality providers with integrated clinical and administrative support services.

PEOPLE

We will train and develop our staff in an environment that fosters job satisfaction and creates more effective leaders.

READINESS

We will ensure the readiness of our staff and promote medical readiness to the Brigade of Midshipmen and other military personnel to whom we provide care.

BUSINESS PRACTICES

We will plan and develop best business practices.

INFORMATION MANAGEMENT

We will develop and maintain a comprehensive information managment system to maximize performance and provide necessary medical information to achieve our mission.

We are a military organization founded in naval heritage, serving with honor, courage and commitment. We embrace these ideals, putting full trust and accountability in every member of the chain of command.

We promote a command climate that is fair, honest, and committed to recognizing the contributions of all members of the chain of command. We provide a supportive environment that enhances the professional development and self-esteem of all members.

We value creativity and innovation to promote continuous improvement.

We communicate openly and honestly. Our actions are consistent with our words and our decisions support the command mission.

We embrace teamwork as a foundation for doing business while valuing individual skills and abilities.

We value the lives and dignity of our patients and customers and will make every effort to make their interactions with us effective and positive.

CODE OF ETHICS

Any person in Government Service should:

1. Put loyalty to the highest moral principles and to country above loyalty to persons, party, or Government department.

2. Uphold the Constitution, laws, and regulations of the United States and of all governments therein and never be a party to their evasion.

3. Give a full day's labor for a full day's pay; giving earnest effort and best thought to the performance of duties.

4. Seek to find and employ more efficient and economical ways of getting tasks accomplished.

5. Never discriminate unfairly by the dispensing of special favors or privileges to anyone, whether for remuneration or not; and never accept, for himself or herself or for family members, favors or benefits under circumstances which might be construed by reasonable persons as influencing the performance of government duties.

6. Make no private promises of any kind binding upon the duties of office, since a Government employee has no private word which can be binding on public duty.

7. Engage in no business with the Government, either directly or indirectly, which is inconsistent with the conscientious performance of governmental duties.

8. Never use any information gained confidentially in the performance of governmental duties as a means of making private profit.

9. Expose corruption wherever discovered.

10. Uphold these principles, ever conscious that public office is a public trust.

CUSTOMER RELATIONS PROGRAM

My Department's Customer Relations Representative is:_____

Customer relations is everyone's responsibility!!

Good communication and rapport with patients is essential to providing quality of care.

All Departments have Customer Relations Representatives (Reps) assigned to facilitate resolution of patient problems or complaints. The Department Customer Relations Rep maintains contact with the patient and the Department Head until the problem has been resolved or referred to the Command Customer Relations Program Coordinator.

Patients are encouraged to provide feedback to staff regarding quality, availability and accessibility of care and courtesy of staff.

Commanding Officer responds in writing to all issues identified as opportunities to improve.

The Command Customer Relations Program Coordinator can be reached at: 3-1786.

Guidelines: NMCLANNAINST 6320.15, Customer Relations Program.

BASIC MEDICAL EMERGENCY RESPONSE PROTOCOL

USNA Emergency/Fire Phone number: 3-3333

In the event of a medical emergency, initial responders should follow these guidelines until arrival of the EMS team.

First responder:

1. Assess for/establish unresponsiveness
2. Notes time and shouts for help
3. Activates the Clinic emergency response system in the following manner:
   a) Activate the Clinic Paging System by dialing 55 (pause) 21
   b) Announce "Medical Emergency" and state specific location over the intercom system.(Repeat twice)
4. Activates the External EMS system by dialing 3-3333 (Naval Academy Fire Dept) and state:
   a) Caller's name and phone number.
   b) Exact nature of problem.
   c) Exact location of victim.
   d) Need for ACLS transport.
   e) Fire Dept hangs up first.
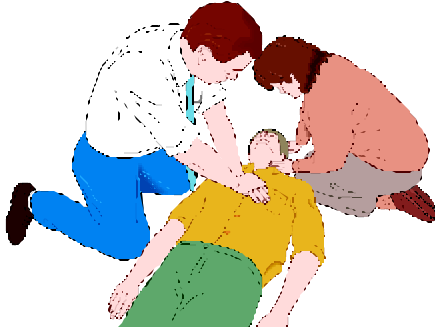
5. Initiates BLS using established standards.
   a) Airway
   b) Breathing
   c) Circulation

Medical Response Team:

1. Brings the emergency equipment (including AED) and assists the first responder with AED-enhanced BLS.

2. If more than two responders are available, the senior responder is responsible for ensuring the completion of the Medical Emergency Response Record.

NEAREST BLS and OXYGEN EQUIPMENT IS LOCATED:_____

Guidelines: NMCLANNAINST 6320.7, NMCL Annapolis Medical Emergency Response Protocol

FIRE RESPONSE

Phone number to report a fire
USNA Fire Department phone: 3-3333

If you discover or suspect a fire, regardless of size, take the following actions:

Remember **RACE** to provide immediate action:

"**R**"   RESCUE AND REMOVE all patients from immediate danger and assist the injured or impaired to evacuate.

"**A**"   ACTIVATE the ALARM-pull box in passageways or call 3- 3333. Call aloud "CODE RED IN (Location)".

"**C**"   Close doors and windows.

"**E**"   EVACUATE the AREA and proceed to designated evacuation site(s)

THE NEAREST FIRE ALARM PULL BOX IN MY WORK SPACE IS

_____

THE NEAREST FIRE EXTINGUISHER IN MY WORK SPACE IS

_____

15

USE OF FIRE EXTINGUISHERS

Stand approximately 10-25 feet away from the flame.

PULL   **The pin on the fire extinguisher.**

AIM   **The nozzle at the base of the fire.**

SQUEEZE   **The handle to discharge the contents.**

SWEEP   **Across fire in an overlapping pattern.**

INFECTION CONTROL

WHAT IS THE PRIMARY REASON TO HAVE AN INFECTION CONTROL PROGRAM?

♦ *To prevent Nosocomial (clinic acquired) infections.*

♦ *To safeguard the health of patients and staff.*

1. The single most important means of preventing the spread of infection is proper **HAND WASHING.** Hand should be washed for a duration of **10-15** seconds, paying particular attention under the finger nails.

2. Wear gloves when hands may come in contact with **BLOOD/BODY FLUID.**

3. Wear a gown, eye protection, and masks when **BLOOD/BODY FLUID** may be splashed.

4. Handle sharps carefully!! **DO NOT RECAP NEEDLES!!!!!!**

5. Clean up after yourself.

STANDARD PRECAUTIONS

The Infection Control Officer's phone number is:
3-1345

The practice of **"<u>standard precautions</u>"** against bloodborne pathogens, such as HIV and hepatitis B, reduces the risk of exposure to health care workers. All blood and body fluids should be considered to be <u>potentially infectious</u>. Blood and body fluid precautions should be consistently used with all patients and with all blood and body fluid specimens.

Three categories of exposure risks:

1. Tasks routinely involving exposure to blood, body fluids, or which require protective equipment. These include, starting IV's, drawing blood, suctioning, dressing changes, etc.

2. Tasks which potentially could expose one to contaminated body fluids, such as handling specimen containers, ambulance transport, IM/SubQ injections.

3. Tasks which do not expose one to body fluids, such as administrative or secretarial duties.

STANDARD PRECAUTIONS (CONT)

My RISK CATEGORY is: _____

Standard precautions required are:

1. Never bend, recap, or break needles.

2. Dispose of all sharps in approved, sealable, puncture resistant plastic containers. (Avoid overfilling-dispose of container when 3/4 full)

3. Dispose of materials **<u>saturated</u>** with blood or body fluids into special medical waste containers (red bags).

4. Gloves are to be worn at all times when drawing blood, touching non-intact skin, mucous membranes, or surfaces soiled with blood or body fluids, and/or handling such fluids. **<u>Always wash hands before and after</u>** a procedure.

5. Wear gowns or aprons and eye protection during procedures likely to generate splashes of blood or body fluids.

6. Place all fluids/specimens in leak proof containers.

7. Immunization against Hepatitis B is strongly recommended for all health care workers.

PROCEDURE IN THE EVENT OF A BLOOD OR OTHER CONTAMINATED FLUID SPILL:

1. Cover the spill with paper-towel; isolate the area as practicable.
2. Saturate with a freshly made bleach solution (one part household bleach to ten parts water) or a commercially prepared and approved product such as Premisorb. This is located in _____
3. Let stand 15 minutes.
4. With gloved hands and more paper towels, pick up and discard soiled paper towels in red medical waste bag.
5. Wipe up remaining spill using more bleach solution, as necessary.

Unfortunately, needlesticks, sharps injuries, and mucous membrane exposures still occur. The evaluation of an individual with an exposure will be considered an emergency.

WHAT IS AN EXPOSURE?
- ♦ Needlestick injury
- ♦ Cut or puncture from a contaminated object
- ♦ Splashing of blood/regulated body fluid into eyes, nose, or mouth.
- ♦ Direct or prolonged contact with a large amount of blood/infectious body fluid - espe cially on non-intact skin.

STEPS TO BE TAKEN IF EXPOSED:
1. Wash or flush the exposed area well.
2. Report the incident to your supervisor immediately for evaluation/treatment.
3. Follow up as directed.

INFECTIOUS WASTE

♦ Regulated Body Fluids
♦ Blood/Blood Components
♦ Synovial Fluid
♦ Pleural fluids
♦ Peritoneal Fluid
♦ Pericardial Fluid
♦ Central Spinal Fluid
♦ Semen
♦ Vaginal secretions
♦ Amniotic Fluid
♦ Dressing containing dried blood/blood
components
♦ All blood components

NORMAL WASTE

♦ Diapers
♦ Used kleenex
♦ Sanitary napkin/tampons
♦ Containers that have been rinsed free of
regulated body fluids
♦ NG drainage/tubing (not bloody)
♦ Urinary catheters/bags (not bloody)

WASTE DISPOSAL

HANDLING AND DISPOSAL
OF SHARPS

ALL SYRINGES (IN USE) ARE CONSIDERED SHARPS. THEY ARE TO BE DISPOSED USING A SHARPS CONTAINER ONLY.

SHARPS CONTAINERS are to be:
- ♦ closable
- ♦ puncture resistant
- ♦ leakproof on sides and bottom
- ♦ readily accessible
- ♦ properly labeled
- ♦ and are not to be **OVERFILLED**

SHARPS **containers will be taken out of service** *WHEN THE SHARPS CONTAINER IS ¾ FULL, OR AN ODOR IS COMING FROM THE CONTAINER.*

*Contaminated needles SHALL NOT be bent, recapped, or removed.

**DO NOT UNDER ANY CIRCUMSTANCES
PLACE FINGERTIPS INTO
CONTAINERS!!!!!!**

WHAT IS AN MSDS?

Material Safety Data Sheet – an informational document from a manufacturer, which outlines:

- ♦ The properties of the hazardous chemicals in substance.
- ♦ The health hazards.
- ♦ What to do in case of an emergency.
- ♦ How to dispose of the substance.

HOW DO I KNOW IF A SUBSTANCE IS A HAZARD-OUS MATERIAL?

A substance is considered a hazardous material if:
- ♦ It poses a health hazard.
- ♦ It poses a fire hazard.
- ♦ It can react adversely with other chemicals.
- ♦ It poses an environmental hazard.

WHERE DO I FIND INFORMATION ON CHEMI-CALS THAT I WORK WITH AND MAY BE EXPOSED TO?

In a binder titled "**MSDS**" located in areas with known hazardous substances.

HAZARDOUS MATERIAL
INFORMATION

The number to report a hazardous material spill during normal duty hours is 3-1135. Notify the Fire Department of hazardous material spills after hours and on weekends at 3-3333.

Hazardous material is any product which is toxic, flammable, combustible, corrosive, radioactive, poisonous, reactive, cryogenic (very cold), or stored in pressure cylinders.

PROCEDURE IN THE EVENT OF A SPILL:

1. Stop the spill
2. Absorb the spill (if small, use paper towels and appropriate gloves. If large, leave the space.)
3. Isolate the space, close doors, etc.
4. Obtain the MSDS (needed for reporting).
5. Report the spill to your supervisor, Industrial Hygiene   Dept. and command Safety Officer. After hours, notify the Officer of the Day.
6. Do not re-enter the space until cleared by Industrial Hygiene Department personnel.
7. Complete a Clinical Event Tracking and Trending form (CITT) and forward to the PI office.

HAZARDOUS MATERIALS THAT I MAY ROUTINELY BE IN CONTACT WITH:

_____
_____
_____

LOCATION OF THE MSDS IN MY WORK SPACE:

_____

HAZARDOUS MATERIAL
INFORMATION (CONT)

**NO HAZARDOUS MATERIALS CAN BE PUR-
CHASED WITH A GOVERNMENT CREDIT CARD
UNLESS PRIOR APPROVAL BY SAFETY MAN-
AGER OR INDUSTRIAL HYGIENE DEPARTMENT.**

**(E.G., PESTICIDES, PAINTS, DISINFECTANTS,
SOLVENTS, REAGENTS)**

PATIENT SAFETY PROGRAM

- ♦ Provide safe environment for patients, staff and visitors
- ♦ Prevent injuries
- ♦ Enhance performance through
    Monitoring
    Reporting
    Analysis

Establish a "culture of safety"
in the organization

- ♦ Everyone feels responsible for patient safety
- ♦ Continuously looks for opportunities to reduce risk or injury to patients
- ♦ Promotes continuous quality improvement
- ♦ Cultivates teamwork
- ♦ Advances a non-punitive approach to addressing errors

WHY PATIENT SAFETY?

- ♦ We owe it to our patients
- ♦ We owe it to ourselves
- ♦ It's the right thing to do

PATIENT SAFETY PROGRAM GOALS

♦ Patient safety through prevention not punishment
♦ Review of adverse events to identify causes
♦ Reduce the chance of errors occurring (analysis of close calls)
♦ Share lessons learned

ADVERSE EVENT

Occurrences or conditions associated with care or services provided which cause unexpected harm to a patient during such care or services. These may be due to acts of commission or omission.

CLOSE CALLS

An event or situation that may have resulted in harm to a patient, but did not, either by chance or through timely intervention. Such events have also been referred to a "near miss" incidents.

RISK MANAGEMENT

Identification of problems before injury or loss occurs to ensure maximum risk prevention and loss reduction.

Risk prevention and loss reduction can be accomplished by identifying Sentinel Events.

__Sentinel Event (SE)__ is an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of limb or function. "Or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are "sentinel" because they signal the need for immediate investigation and response. A Root Cause Analysis is performed for all Sentinel Event cases.

Sentinel Events are:
- Unexpected death or major permanent loss of function
- Suicide
- Rape
- Infant abduction or discharge to wrong family
- Blood transfusion reaction
- Surgery on wrong patient or wrong body part

Root Cause Analysis may also be done for:
- Significant adverse drug reactions
- Significant medication errors

Other reportable events are that may require intense analysis:
- Post Procedure Complication/Infections
- Unplanned Hospital Admission within 48 hours following a clinic visit
- Equipment breakdown or malfunctions causing harm to the patient

The event must be reported immediately to the Commanding Officer, Executive Officer, Risk Manager, or the Officer on Duty. Any member of the clinic staff may report the event.

**HOW TO REPORT:** A Clinical Event Tracking and Trending form (CETT) serves as the reporting tool.

> ♦ Provide factual and complete information of the events.
> ♦Complete a CETT as soon as event is identified.
> ♦Never copy a report. The original CETT form is sent to the Risk Manager/PI Coordinator within 24 hours or the next working day. The Risk Manager can be contacted at 3-4378.
> ♦If equipment is involved in the event, identify the equipment by model number, serial number and property number. This equipment should be removed immediately from further patient care and given to Medical Repair for testing.

Guidelines: NMCLANNAINST 6010.1, Risk Management Program

RISK MANAGEMENT
RISK PREVENTION
IS
EVERYONE'S
JOB !!!

PERFORMANCE IMPROVEMENT

WHAT IS PERFORMANCEIMPROVEMENT (PI)?
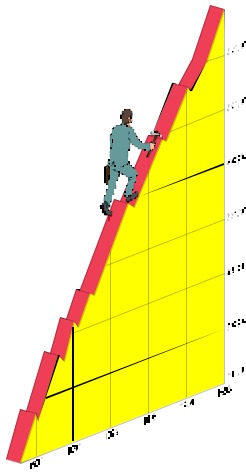
PI is the measurement, assessment and improvement of our performance as it relates to our Command Strategic plan and key organization/patient care functions. Basically, this means we evaluate what we do by focusing on day-to-day activities (patient care/support services/administrative tasking) and using data to assess how well we are doing to meet or exceed customer (internal and external) needs and expectations.

An example of PI in my workspace: _____

_____
_____
_____
_____
_____

HOW DOES PI RELATE TO ME?

Whatever your position, you participate in day-to-day activities that can be improved! Use PI to make a difference by practicing the following:

- ♦ Seek information/feedback from those you interact with everyday (patients and staff).

- ♦ Provide input on how your daily work can be improved.

- ♦ Work as a team member to address PI activities across departmental lines.

- ♦ Set improvement goals and measure (using data) progress towards your goal.

- ♦ Attend training and learn how to use the PI tools that can help you reach your goals.

- ♦ Contribute to organizational work by reporting sentinel events, safety issues, adverse drug reactions, etc.

- ♦ Know the Command's mission, vision, guiding principles, and goals (Strategic Plan) and understand how your work impacts the strategic plan.

- ♦ Know that individual participation is <u>vital</u> to patient care.

- ♦ Take pride in what we do and remain committed to doing it better.

Whose responsibility is it?

EVERYBODY'S!!!

TEAMWORK

Is a key to the success of Performance Improvement. Staff united toward a common goal are able to draw upon their collective skills, knowledge, and expertise, as well as provide each other with support.

PRIORITIZE IMPROVEMENT OPPORTUNITIES

- ♦ High Volume
- ♦ High Risk
- ♦ High Cost
- ♦ Problem Prone

THE 6 ELEMENTS OF PERFORMANCE IMPROVEMENT

1. Customer Focus
2. Teams and Teamwork
3. Data-Based Decisions
4. Streamlined Systems
5. Employee Empowerment
6. Process Orientation

EMPLOYEE EMPOWERMENT

Success of Performance Improvement depends on employee empowerment, which begins with education. Learn about the cycle of improvement and what YOU can do to contribute to improving the quality of care or service provided in your area. PI classes are available. Call 3-4378.

Find a process to improve.
Organize a team who understands the process.
Clarify the current knowledge of the process.
Understand the common or special cause of variation
and poor quality.
Select the process improvement, START the Plan-Do-
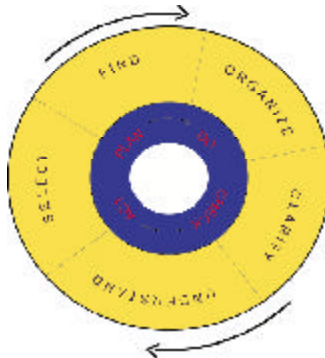Check-Act cycle.

    Plan the process improvement.
    Do the improvement, data collection and analysis.
    Check the results and lessons learned.
    Act by adopting, adjusting or abandoning the
    change.

**We use the FOCUS-PDCA method for analyzing
ways to improve patient care!**

PAIN

There is national emphasis on improving the management of pain for all patients. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has included "pain assessment" as one of the current standards. The patient has the right to adequate pain control.

THE FIFTH VITAL SIGN

A comprehensive Pain Management Program has been developed at NMCL and pain will be assessed when the patient arrives in their assigned clinic for care. The Primary Care Manager (PCM) will be using this information to assist the patient in assessing pain, identifying possible causes of pain, and a treatment plan to reduce, control, or eliminate the pain the patient is describing.

There will be two different scales used to provide a description of pain:

Visual Analog Scale (VAS) with numbers from 0-10 will be used for adults and children old enough to understand. The range will be 0 (no pain) and continuing with the numbers all the way to 10 (10 being the worst pain the patient has experienced). For pediatric patients, a series of faces will be used that the child can point to the face that best describes what they are feeling.

CLIPPERS assessment tool will be used for more chronic pain, malignant pain or complex pain. CLIPPERS stands for:

> **"C"**haracter
> **"L"**ocation
> **"I"**ntensity
> **"P"**ain management history
> **"P"**resent pain control regimen
> **"E"**ffects on daily life
> **"R"**ealistic goals for pain control
> **"S"**ite description

Guidelines: NMCLANNAINST 6320.5, Pain Management

PATIENT'S RIGHTS

**EVERY PATIENT IS ENTITLED TO CERTAIN BASIC
RIGHTS WHEN RECEIVING MEDICAL CARE.
AMONG THEM, ARE RESPECT FOR EACH
PATIENT'S PERSONAL PRIVACY, CONFIDENTI-
ALITY OF INFORMATION, AND THE ABILITY TO
EXERCISE THESE RIGHTS.**

Patient has the right to refuse treatment and be
informed of the medical consequences of such actions.

Patient has the right to know, by name, the healthcare
providers responsible for coordination of their care.

- The right to informed consent for treatment.
- The right to be advised of any intent to engage
  in or perform research associated with patient's
  care treatment.
- The right to pain management.
- The right to receive age-appropriate care.

ADVANCE DIRECTIVE information is given to pa-
tients upon request: "Healthcare Power of Attorney/
Living Will" Information is available in Patient Admin-
istration/Medical Records Department and Managed
Care Department

PATIENT RIGHTS and **RESPONSIBILITIES** are
posted in all clinic areas.

Guidelines:
NMCLANNAINST6320.8, Patient's Bill of Rights and Responsibilities
NMCLANNAINST 6320.17, Advance Directives.

The right to make decisions regarding treatment, including resolution of conflict.

Patient has the right to expect reasonable continuity of care.

ADVANCE DIRECTIVES

WHAT: A document used to give instructions about future medical care, or to designate another person to give directions about medical care, should he/she lose decision-making ability.

WHO: Advance directives apply to all legally competent adult patients over the age of 18 years.

WHEN: Normally,   advance directives are discussed at the time a patient is admitted to a hospital. However, patients in a clinic setting may ask for the information to make an advance directive or   living will. The information a patient needs to make those determinations is located in the Patient Administration/Medical Records department and Managed Care Department.

STAFF MEMBERS HAVE RIGHTS

Staff members have the right to request to withdraw from aspects of patient care based on a member's ethical, moral, religious or cultural beliefs.

HOW: Request is made to supervisor/department head.   Request clearly states reasons and areas of conflict.

WHAT: Issues that cannot be resolved at the department level are to be forwarded up the chain of command through the director and the Chief of the Medical Staff and /or ECOMS as appropriate.

YOUR RESPONSIBILITY:
    1. All requests are given due consideration in the meantime.
    2. There is a balance between your dilemma and the needs of the patients.

IN NO INSTANCE WILL PATIENT CARE BE COMPROMISED!

PATIENT CONFIDENTIALITY
AND THE PRIVACY ACT

The confidentiality of Medical Information Act, effective January 1982, governs the release of patient-identifiable information by hospitals/ clinics and other healthcare providers. This act stipulates that health care institutions and health care providers are restricted from disclosure of "medical information" about a patient, unless they have written authorization from the patient or their legal guardian.

To ensure the privacy of a patient's medical history and individual identifiable information, health care providers, ancillary personnel and medical records custodians <u>must</u> refrain from discussing patient names, diagnosis and course of treatment, in elevators, corridors or common public areas.

Medical records or individual medical documents should never be left out on counters or in areas with public access.

TIPS FOR PROTECTING PATIENT CONFIDENTIALITY

♦ Protect all records.

♦ Don't discuss patients in public.

♦ Use care with phones, fax machines, and e-mail.

♦ Get proper authorization (you need a patient's permission to share information - Exception: JAG Investigation).

♦ Ensure only one patient is interviewed at a time in clinic check-in areas.

MEDICAL

RECORD ENTRIES

In accordance with Medical Staff Policy and Procedures, all entries made in the patient's record must be in SOAPI format with date and stamp and signed by the author. The printed or stamped name, rank and specialty of practitioner must appear above or below his/her signature. This information must be repeated with every entry.

OUR ONLY TYPE OF MEDICAL RECORDS
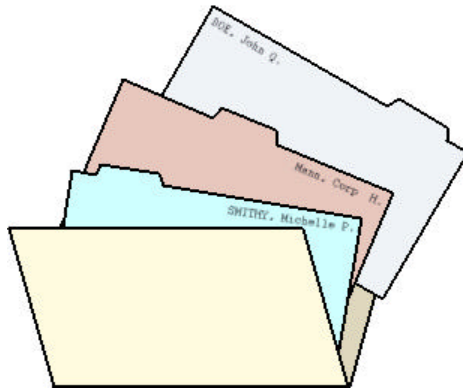
♦ Primary outpatient record

♦ Secondary Records: Maintained separate from the primary records (e.g., OB,Mental Health, PT).

HOW: A memorandum to ECOMS, via Head, Patient Administration to request permission to maintain a secondary record.

INFORMED CONSENT

Providers are responsible for giving information
in patient's language, so the patient understands.
(*Language and Interpretors list available in Adminis-
tration Department*)

Patients have the right to decide what is done to
their own body, including refusal to accept
treatment.

An SF522 is the standard consent form for
administrationof anesthesia and performance of
surgical procedures. An SF522 may not be adequate
for full documentation of consent in some cases. A
more detailed case - specific consent (or refusal) note
should be documented in a note on an SF600.

Duration of Consent: Valid as long as no material
change in circumstances between time of consent
and time of procedure/treatment.

Guidelines: NMCLANNAINST 6150.2, Informed Consent for Diagnostic/
Treatment Procedures and Surgery

PROCEDURES FOR ASSESSING AND REPORTING DOMESTIC VIOLENCE AND ABUSE

DEFINITION: Coercive behaviors, including physical/psychological/sexual abuse, social isolation, deprivation and intimidation, usually by someone who is, or was, involved with an intimate relation to the victim.
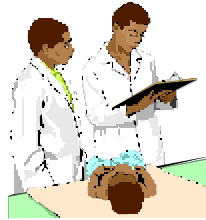
PROTOCOL PROCEDURES: Conduct screening in a private setting and inform suspected victim that it is a routine procedure.

Step 1 – Screening: Ask if patient has or is currently experiencing domestic violence. Document in patient's record.

Step 2 - Interventions: Validate support, report to Family Advocacy and NavSta duty officer, USNA duty officer, or USNA Security as appropriate, develop a safety plan for patient, and provide referrals. In addition, call Child Protective Services if after hours.

Step 3 – Documentation: Using patient's words, document who caused the injuries and any related physical/mental problems.

Step 4 – Reporting: Must report to local law enforcement as above, via telephone, ASAP, and to Family Advocacy.

Guidelines: NMCLANNAINST 1752.2, Suspected Spouse/ Child Abuse Family Advocacy Program.

AGE SPECIFIC COMPETENCIES BENEFIT YOU, YOUR PATIENTS, AND YOUR FACILITY

THEY HELP TO:

- Ensure quality care to each patient.
- Become a partner in their own health care.
- Obtain individual care they need and expect.

INFANTS & TODDLERS (0-3) ARE CURIOUS!

Age specific competencies are:

- Provide safe toys/environment for play.
- Involve child/parents in care during feeding, diapering, bathing.

YOUNG CHILDREN (4-6) ARE ACTIVE!

Age specific competencies are:

- Let child make some food choices.
- Use toys, games to teach child, reduce fear.
- Talk about feelings, encourage child play with others.
- Teach child safety rules.

AGE SPECIFIC COMPETENCIES BENEFIT YOU, YOUR PATIENTS, AND YOUR FACILITY (CONT)

OLDER CHILDREN (7-12) ARE DOERS!

Age specific competencies are:

♦ Allow child to make some care decisions
(in which arm do you want your vaccination?)
♦ Build self-esteem. Recognize their achieve
ments after a task.
♦ Guide child in making healthy, safe lifestyle
choices.
♦ Help parent talk with children about peer
pressure, tobacco, drugs, etc.

ADOLESCENTS (13-20) ARE IN TRANSITION!

Age specific competencies are:

♦ Treat more as an adult. Avoid authoritarian
approaches.
♦ Show respect. Be considerate of how
procedures/treatments may effect appearances/
relationships.
♦ Correct misinformation from teen's peers.
♦ Encourage open communication between
parents, teen, and peers.

AGE SPECIFIC COMPETENCIES BENEFIT YOU, YOUR PATIENTS, AND YOUR FACILITY (CONT)

YOUNG ADULTS (21-39) BUILD CONNECTIONS!

Age specific competencies are:

- ♦ Support the person in making health care decisions.
- ♦ Encourage healthy & safe habits at work & home.
- ♦ Recognize commitments to family, career, and community (time, money, etc).

MIDDLE ADULTS (40-64) SEEK PERSONAL GROWTH!

Age specific competencies are:

- ♦ Address women about future.
- ♦ Recognize the person's physical, mental, social abilities and contributions.
- ♦ Help plan for healthy, active retirement.

OLDER ADULTS (65-79) ENJOY NEW OPPORTUNITY!

Age specific competencies are:

- ♦ Encourage person to talk about loss, grief, achievements.
- ♦ Provide support for coping with any impairments.
- ♦ Encourage social activity with peers, work as volunteer, etc.

AGE SPECIFIC COMPETENCIES BENEFIT YOU, YOUR PATIENTS, AND YOUR FACILITY (CONT)

ADULTS (80+) MOVE TO ACCEPTANCE!

Age specific competencies are:

♦ Encourage independence, physical, mental, social activities.
♦ Support end-of-life decrease, provide information, resources.
♦ Assist the person in self-care, medication safety, safety grips and ramps.

Age-specific competency enables you to care for the individual at every stage of life.

Note:
Ages are approximates and used as guidelines only.
Breakdown is normally newborn, pediatric, adolescent, adult, geriatric.

5 RIGHTS OF MEDICA- TIONS

1. Right MEDICATION

2. Right PATIENT

3. Right DOSE

4. Right ROUTE

5. Rigth TIME

MULTIPLE DOSE VIALS (MDV)

MDVs containing injectable medications may be reused, if the following procedures are followed, to eliminate the risk of infection:

1. Label all MDVs with the date of vial entry if diluent is added.
2. Use strict aseptic technique.
3. Thirty days after opening, discard any MDV that requires the addition of a diluent, unless the manufacturer's stability data dictates otherwise.
4. Discard any opened MDV which does not require addition of a diluent on the expiration date specified by the manufacturer's label.
5. Discard sterile water and normal saline solution used in conjunction with respiratory therapy equipment, after initial use.
6. Discard contaminated vials *immediately upon detection.*
7. Do not store MDVs in the refrigerator, unless required to do so by the manufacturer.
8. Include observation of adherence to this policy, in the monthly inspections by Pharmacy staff.

EXPIRED MEDICATIONS

All expired pharmaceuticals/medications will be returned to the Pharmacy for proper disposal.

ADVERSE DRUG REACTIONS

Adverse Drug Reaction (ADR) reporting is an integral part of patient care. All health care providers are responsible for the detection and documentation of adverse drug reactions. At NMCL Annapolis an ADR is defined as any detrimental response to a medication which is undesired, unintended, or unexpected, in doses recognized in accepted medical practice.

For example, any of the following indicators may lead you to suspect an ADR:

- ♦ Any allergic reaction (rashes, hives, anaphylaxis)
- ♦ Any drug intolerance or intensified reaction to the normal pharmacological effects of the drug

A significant ADR is defined by the P&T Committee as an event that results in

1. Death
2. Hospitalization
3. Disability (significant, persistent or prolonged)
4. Discontinuation of drug therapy
5. A change in drug therapy
6. Requirement of corrective measures (antidotes)

If you suspect an ADR has occurred, it must be reported immediately to the prescriber and then to the Pharmacy using the Adverse Drug Reaction Reporting form or by calling the ADR Hotline at 410-293-2404. A Clinical Event Tracking and Trending form (CETT) must also be submitted to the Risk Manager.

 All confirmed ADR's must be documented in the patient record by the prescriber.

PHARMACEUTICAL SAMPLE POLICY

Acceptance of pharmaceutical samples from sales representatives for trial or dispensing to patients is prohibited. Should a practitioner desire to evaluate a pharmaceutical product, the Pharmacy department head will request a review by the P&T Committee.

PHARMACY OPERATIONS

Monthly checks are conducted by the Pharmacy staff in all clinic areas where medications are dispensed, administered, or stored to verify at a minimum:

1. Drugs for external use and disinfectants are stored separately from internal and injectable medications.
2. Drugs are not overstocked.
3. Drugs are stored following currently established standards.
4. Outdated or unusable drugs have been identified, and their distribution and administration prevented.
5. There is an adequate and proper supply of all medical staff-approved, emergency drugs.
6. All drugs in the area are properly labeled.

RESTRAINT POLICY

Maintain the safety, individual rights, and dignity of all patients and staff.

RESTRAINTS:
Use of physical devices to involuntarily limit activity/ behavior of patients.

MEDICAL IMMOBILIZATION:
Used during and considered a regular part of, medical diagnostic or surgical procedures or tests (e.g. papoose board for pediatric blood draws), are not considered restraints under this definition.

POLICY:
NMCL staff will not attempt to physically restrain a patient in need of physical restraint. If confronted with a patient in need of physical restraint call 3-3333 and advise dispatcher of situation and need for EMS and Police response for restraint of patient. If you feel safe to try verbally calming down the patient, then do so, but do not delay calling for assistance or try to confront a potentially dangerous or combative patient on your own.

Guidelines: NMCLANNAINST 6300.4, Command Restraint Policy

READINESS/POMI

Military staff members must be ready at all times to deploy. The POMI can provide information relative to mobilization platforms, readiness status (R-status), deployment, and other operational requirements. POMI can be reached at 3-5640.

DISASTER PREPAREDNESS

Staff members must be ready at all times to aid and assist during disasters. All staff are responsible for the information contained in the NMCL Annapolis Disater Preparedness Plan and for updating recall information to their chain of command.

Guidelines: NMCLANNAINST3440.1, Disaster Preparedness Plan.

SAFETY

Staff members who observe any unsafe, unhealthy practice or condition, should report it to their supervisor and/or call the Safety Officer at 3-1143.

After normal working hours, call the Officer of the Day.

SAFETY FIRST
THE SAFE WAY IS THE BEST WAY

NAVAL MEDICAL CLINIC ANNAPOLIS

Leap into the 21st Century

Empower our people

Accept differences

Develop strengths & weaknesses

Expect the best

Reward excellence

Solve problems together

Have courage

Involve all

Promote pride